After the 1993 withdrawal of the licenses of five members of the Swiss Medical Association for Psycholytic Therapy (SaEPt), who practiced MDMA- and LSD-assisted psychotherapy for 5 years with few restrictions, we had to accept that future applications for licenses would be limited to the context of scientific research. In 2003, the Ethics Committee rejected a protocol developed by SaEPt members to investigate the efficacy of psilocybin-assisted psychotherapy in recurrent depression.

In April 2005, my wife Verena Widmer and I visited MAPS President Rick Doblin, Ph.D., and MAPS-funded researchers John Halpern, M.D., and Michael Mojeiko working during a data monitoring visit in January 2006.

We hope that our research can be a contribution to helping psychedelic drugs get back to where they belong: in healing!

As in the U.S. study, patients who receive the placebo can choose to participate in a second stage of the study, in which they go through the whole process again with a full dose of MDMA. Outcome measures will be the CAPS (Clinician Administered PTSD Scale) and the PDS (Posttraumatic Stress Diagnostic Scale), a self-report scale. Due to new findings and the absence of neurocognitive deterioration in MAPS' U.S. study, we consider these neurocognitive measures sufficient.

The protocol was submitted to the Ethics Committee in October 2005 and was approved on December 23, 2005. The application is now being reviewed by the Swiss Health Agency. We plan to begin recruiting subjects within a few months.

So far, the development of this study has proceeded rapidly, without major obstacles, thanks to the invaluable support of MAPS. Both MAPS and SaEPt have pledged substantial contributions to help bring our research to a successful conclusion.

It is our impression that several subjects might have benefited from a supplemental dose of MDMA.